

**PLANT LIST OF ACCEPTED NOMENCLATURE  
TAXONOMY AND SYMBOLS**

6-90

**NOTE:** Complete this form according to instructions on the back.

NAME:	ORGANIZATION:
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ADDRESS (Include City and Zip code)

PHONE NO. (include are code)	DATE
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RE: Request plant symbol assignment for plant list of accepted nomenclature, taxonomy and Symbols

FAMILY:	GENUS:
SPECIFIC EPITHET:	AUTHOR:
SUBSPECIFIC EPITHET:	AUTHOR:
VARIETAL EPITHET:	AUTHOR:
SYNONYM, <i>if known</i>	AUTHOR:

REFERENCE 1

REFERENCE 2

SPECIMEN DEPOSITORY, IF ANY

**TAXON CHARACTERISTICS**

DISTRIBUTION:

<b>HYBRID:</b>	GENERIC <input type="checkbox"/>	SPECIES <input type="checkbox"/>	PARENTS:				
<b>ORIGIN:</b>	NATIVE <input type="checkbox"/>	INTRODUCED <input type="checkbox"/>	EXPERIMENTAL PLANT MATERIAL <input type="checkbox"/>	COUNTRY OF ORIGIN:			
<b>DURATION:</b>	ANNUAL <input type="checkbox"/>	BIENNIAL <input type="checkbox"/>	PERENNIAL <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>			
<b>HABITAT:</b>	TERRESTRIAL <input type="checkbox"/>	SUBMERGED <input type="checkbox"/>	EMERGENT <input type="checkbox"/>	FLOATING <input type="checkbox"/>	EPIPHYTIC <input type="checkbox"/>	EPIPETRIC <input type="checkbox"/>	
<b>TROPHIC:</b>	AUTOTROPH <input type="checkbox"/>	PARASITE <input type="checkbox"/>	SAPROPHYTE <input type="checkbox"/>	INSECTIVORE <input type="checkbox"/>			
<b>HABIT:</b>	TREE <input type="checkbox"/>	SHRUB <input type="checkbox"/>	SUBSHRUB <input type="checkbox"/>	LIANA <input type="checkbox"/>	SUCCULENT <input type="checkbox"/>	GRAMINOID <input type="checkbox"/>	FORB <input type="checkbox"/>
	VINE <input type="checkbox"/>	CRUSTOSE LICHEN <input type="checkbox"/>	FOLIOSE LICHEN <input type="checkbox"/>	FRUTICOSE LICHEN <input type="checkbox"/>	BRYOPHTE <input type="checkbox"/>	ALGAE <input type="checkbox"/>	

REPRESENTATIVE COMMON NAME:

SYMBOL ASSIGNED

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 Instructions For Using Form
 

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Complete as much information as possible. For NRCS submissions, forward this form to your NTC Ecological Sciences Staff head. All others should send form to USDA , NRCS, NPMC, Attn: PLANTS, Bldg. 509, BARC-East, Beltsville, MD 2075 U.S.A.

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**SPECIAL INSTRUCTIONS FOR THE FOLLOWING FIELDS:**

**AUTHOR:** Refers to the published author of the taxonomic level indicated.

**REFERENCE(S):** What is the source(s) of the name that you are submitting? If a publication, **please list the author, date, title, and publisher, if known.**

**SPECIMEN:** If you have made a collection, deposit it at a state university herbarium and include the name of the depository.

**TAXON CHARACTERISTICS:**

**DISTRIBUTION:** List any state in which the plant is known to occur in natural populations. If experimental only, list state(s) and country(ies) in which it is being grown.

**HYBRID:** Has the taxon name been validly published as a hybrid? If no or unsure, leave blank. If yes, 1) check the appropriate field, 2) indicate the hybrid parents, and 3) include the publication information under reference above.

**ORIGIN:** Indicate if the taxon submitted is native to or introduced into the United States. If it is introduced into the U.S. and being used experimentally only, please indicate. If introduced, include the name of the country from which it was originally native.

**CHECKOFF:** Indicate the duration, habitat, trophic level, and habit, if known. Check as many as are applicable.

**REPRESENTATIVE COMMON NAME:** Include a common name that is being used in your locality, the locality from which it was introduced, or construct one that you will use locally.

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**FOR NATIONAL PLANT MATERIALS CENTER USE ONLY**

DATE RECEIVED:	INITIAL:	SITE ID:
BIBLIOGRAPHY COMPLETED:	INITIAL:	REFER ID:
PLANTS LOADED:	INITIAL:	
PEAS CHECKED/LOADED:	INITIAL:	
REQUESTER NOTIFIED:	INITIAL:	
COMMENTS:		